

**IN THE UNITED STATES DISTRICT COURT FOR THE
MIDDLE DISTRICT OF ALABAMA
DIVISION**

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2005 MAY -4 A 10:06

DEBRA P. HACKETT, CLK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

DAVID WAYNE OATES

Plaintiff(s)

v.

Coosa County Jail

Ricky Owens

Wendy Robinson

Al Bradley

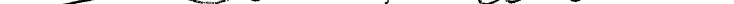
Defendant(s)

2:05CV416-F

MOTION TO PROCEED IN FORMA PAUPERIS

Plaintiff(s) David Wayne Oates

moves this Honorable Court for an order allowing her/him to proceed in this case without prepayment of fees, costs, or security therefor, and for grounds therefor submits the attached sworn affidavit in support of the motion.

n. 

Plaintiff(s) signature

UNITED STATES DISTRICT COURT RECEIVED

District of

2005 MAY -4 A 10:06

Plaintiff

v.

**APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT**

Defendant

I, David Wayne Oates declare that I am the (check appropriate box)

 petitioner/plaintiff/movant other

CASE NUMBER:

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No," go to Part 2)

If "Yes," state the place of your incarceration

Cosa County Jail

Are you employed at the institution?

No

Do you receive any payment from the institution? No

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 1-11-05, \$450.00/wk,

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

		1	2	3	4	5
DATE	EXPLANATION	DEPOSIT	EXPENSE	DOCTOR-Rx	OTHER	BALANCE
		+ 04	- 1120	- 1123	RECEIVED 1005 MAY -4 A G 06	+ 2860
1	1120 Dep 8411					
2	1123 STORE			410		1640
3	1207 STORE			1610		30
4	1211 Dep 8475		700			730
5	1216 STORE			475		255
6	1221 STORE			255		0
7	1 8 8574		10.00			10.00
8	0117 STORE			784		16
9	0120 Dep #8604		60.00			60.16
10	1 88 STORE			2780		3236
11	2 5 STORE			2160		1676
12	2/14 Rec'd 3077					
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Prepared By _____
Approved By _____

© WILSON JONES

GTSOS COMMERCIALS

1 2 3 4 5

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318 Booked in

327 DTC

292

24